

☐ **SHELTERED PERSON**

Facility Name: _____
Program Name: _____

☐ **UNSHeltered PERSON**

Have you already been asked these questions today?

☐ No ☐ Yes (stop here!)

Survey Location: _____

First Name: _____	Birth Date: _____
Last Name: _____	Gender: <input type="radio"/> Male <input type="radio"/> Female
Initials: _____	State: _____

Select only one option for each question below unless otherwise specified.

ETHNICITY <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino RACE (Select all that apply) <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Pacific Islander	Unsheltered: Where Did You Sleep Last Night?/ Slept where: Residence Prior to Entry <input type="radio"/> Emergency shelter <input type="radio"/> Transitional Housing <input type="radio"/> Place not meant for human habitation (street, car, etc.) <input type="radio"/> Psychiatric hospital or facility <input type="radio"/> Substance abuse treatment facility/detox <input type="radio"/> Hospital (non-psychiatric) <input type="radio"/> Jail/prison/juvenile detention center <input type="radio"/> Permanent housing for formerly homeless <input type="radio"/> Apartment/condo/own <input type="radio"/> Apartment/condo/tenant <input type="radio"/> Staying in a family member's room/ap't/house <input type="radio"/> Staying with a friend <input type="radio"/> Motel paid for without emer. shelter voucher <input type="radio"/> Foster care home/group home <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> Refused	How long have you been homeless? <input type="radio"/> 0-30 days <input type="radio"/> 31-60 days <input type="radio"/> 61-90 days <input type="radio"/> 91-180 days <input type="radio"/> b/w 6-12 months <input type="radio"/> >12 months <input type="radio"/> Unknown How Many Times Have You Been Homeless in the Past 3 Years? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 or more
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DESCRIBE YOUR FAMILY.

Include yourself and only family members staying with you.

- ☐ Individual Male
- ☐ Individual Female
- ☐ Individual Male - Youth (<18)
- ☐ Individual Female - Youth (<18)
- ☐ Single Parent Family - Male Head
- ☐ Single Parent Family - Female Head
- ☐ Single Parent Family - Youth Head
- ☐ Two Parent Family - Adult
- ☐ Two Parent Family - Youth
- ☐ Adult Couple without Children

Number of Children: _____

(Include only children currently staying with you)

Children's Details below - only report children currently staying with you

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6
Gender	Gender	Gender	Gender	Gender	Gender
<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male
<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female
Age	Age	Age	Age	Age	Age
<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1
<input type="radio"/> 1-5	<input type="radio"/> 1-5	<input type="radio"/> 1-5	<input type="radio"/> 1-5	<input type="radio"/> 1-5	<input type="radio"/> 1-5
<input type="radio"/> 6-12	<input type="radio"/> 6-12	<input type="radio"/> 6-12	<input type="radio"/> 6-12	<input type="radio"/> 6-12	<input type="radio"/> 6-12
<input type="radio"/> 13-17	<input type="radio"/> 13-17	<input type="radio"/> 13-17	<input type="radio"/> 13-17	<input type="radio"/> 13-17	<input type="radio"/> 13-17

Number of Adults in Family: _____

(Include yourself and adult family members staying with you)

Have you ever been diagnosed with or told that you have any of the following disabilities? (Select all that apply)

- ☐ Physical Disability
- ☐ Developmental Disability
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Mental Health
- ☐ Drug Abuse
- ☐ Alcohol Abuse
- ☐ None

Is the disability long term OR does it prevent you from being able to live independently? (Disabling Condition)

- ☐ Yes
- ☐ No

Are you a veteran?

- ☐ No
- ☐ Yes
- ☐ Don't Know
- ☐ Refused

Are you a domestic violence victim/survivor?

- ☐ No
- ☐ Yes

Definition of Homeless:

An **unsheltered** homeless person resides in a place not meant for human habitation: such as cars, parks, sidewalks, abandoned buildings, streets, parks, etc.

A **sheltered** homeless person resides in:

- Emergency shelters. Includes temporary emergency weather shelters and domestic violence shelters.
- Transitional housing (for homeless persons who originally came from the streets or emergency shelters).
- Residential programs for runaway/homeless youth (not foster care or government funded youth programs)
- Hotel, motel, or apartment voucher arrangements paid by a public/private agency because the person or family is homeless.